Alleghany County Little League

VOLUNTEER APPLICATION

NAME:	DATE:			
ADDRESS:				
CITY:		STATE:	ZIP:	
HOME PHONE:		BUSINESS PHON	IE:	
DATE OF BIRTH:		SOCIAL SECURITY #:		
OCCUPATION:		EMPLOYER:		
ADDRESS:				
Previous volunteer	experience (includ	ling baseball/softball an	nd year):	
Do you have childre	en in the program	? Yes No		
If yes, at what level?	?			
Do you have a valid	driver's license:	Yes No (A copy of	valid driver's license is required)	
Driver's License#:_	river's License#: State:			
Have you ever been	convicted of or pl	ead guilty to any crime	(s)? Yes No	
If yes, describe each	in full:			
In which of the follo	owing would you l	ike to participate? (Cir	ccle one or more)	
Coach	Umpire	Scorekeeper	Concession Stand	
which may include a revi appointed, my position is release and agree to hold employees and volunteer that, regardless of previo	iew of sex offender reg s conditional upon the I harmless from liability thereof, or any other ous appointments, Litty the expiration of my	pistries, child abuse and crimi league receiving no inapprop ty the local Little League, little person or organization that le League is not obligated to a term, I am subject to suspens	nization to conduct a background check on me, nal history records. I understand that, if viate information on my background. I hereby le League Baseball, Incorporated, the officers, may provide such information. I also understan appoint me to a volunteer position. If appointed, ion by the President and removal by the board of	
Applicant Signature			Date	
Applicant Name (pl	ease print)			

NOTE: The local Little League and Little League Baseball, Incorporated will not discriminate against any person on the basis of race, creed, color, national origin, marital status, gender, sexual orientation or disability.